

OCT 21 2003
HHS
OIPR
Customer Copy

Label 11-F June 2002



EV 331556159 US

ORIGIN (POSTAL USE ONLY)		
P.O. ZIP Code <i>10030</i>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date <i>10/21/03</i>	Postage <i>\$ 13.60</i>	
Mo. Day Year <i>Oct 21 03</i>	Military <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	
Time In <i>5:35</i>	Return Receipt Fee	
AM <input type="checkbox"/>	COD Fee <input type="checkbox"/>	Insurance Fee <input type="checkbox"/>
Weight <i>6</i>	Int'l Alpha Country Code <i>10</i>	
No Delivery <input type="checkbox"/>	Acceptance C.R.C. Initials <i>10</i>	Total Postage Fee <i>\$ 13.60</i>
CUSTOMER USE ONLY		
METHOD OF PAYMENT:		
Express Mail Corporate Acct No: <i>112 318 3214</i>		



UNITED STATES POSTAL SERVICE

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

1. MATTER OF DELIVERY: If delivery is refused or delayed, additional merchandise may be sent to the addressee at the same address. If delivery is refused or delayed, a letter will be sent to the addressee indicating the reason for refusal or delay and giving instructions for delivery.

2. NO DELIVERY: If delivery is refused or delayed, a letter will be sent to the addressee indicating the reason for refusal or delay and giving instructions for delivery.

3. CUSTOMER SIGNATURE: A signature is required on all delivery documents.

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT) *Mail Stop: Power of Attorney* PHONE *(703) 235-1420*

COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA
VA 22313-1450



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